Washington State Responds

Providing Educational Information on HIV/AIDS & Other Infectious Diseases and Reproductive Health

August 2003

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The Washington State Department of Health HIV Prevention & Education Services and Client Services share a web address. Go to www.doh.wa.gov/cfh/hiv.htm for access to both programs. You can also access the HIV Prevention & Education Services website at the old web address: www.doh.wa.gov/cfh/hiv_aids/prev_edu/.

Washington State Responds Newsletter Changes

Our next newsletter, the November/December/January issue, will be the last issue mailed out to you unless you are unable to access it via the Internet. After that, we will send a brief e-mail letting you know that the issue is available on-line. In order to receive this notice via e-mail, please e-mail us using this subject title: WSR E-List. By using this subject title, each of your e-mails will automatically be directed to one location. All you need to include in your note is your complete e-mail address. Please send your e-mail to: Teri.Hintz@doh.wa.gov

HIV/AIDS Trainings to meet State Licensing Requirements

Anacortes (Skagit only)	(360) 299-1342 Jo Ann Hoover	4 hour 7 hour video courses	No charge	Offered by Island Hospital. For residents of Island, Skagit and San Juan Counties only.
Bellingham	(360) 715-8350	2 hour 4 hour 7 hour	$10.00 for 2hr $20.20 for 4hr $35.35 for 7hr	Offered quarterly through Bellingham Technical College.
Bellingham	(360) 715-8350	4 hour Infectious Disease Prevention for EMS	$20	Offered quarterly through Bellingham Technical College.
Bremerton (Kitsap County)	(360) 475-7359	2 hour	$10	Offered by Olympic College in Bremerton.
Bremerton (Kitsap County)	(360) 377-3761	2 hour 4 hour 7 hour	$20 for 2 hour $25 for 4 hour $40 for 7 hour	Offered by the American Red Cross.
Bremerton (Kitsap and Pierce County)	(360) 405-0430 (253) 474-5879	2 hour 4 hour	$15 for 22 hour $15 for 4 hour	Offered by instructor Francis Hall. Also available in Pierce County.
Clallam County (Forks/Pt. Angeles)	(360) 374-5288 lanajrm@centurytel.net	3 hour 4 hour 7 hour	$25 for 3 hour $35 for 4 hour $55 for 7 hour	Offered by Olympic Community Health Associates. Scholarships available.
Clallam County (Port Angeles)	(360) 683-2834	4 hour 7 hour	$29 for 4 hour $49 for 7 hour	Offered by instructor J. Johnson
Colville (Ferry, Stevens & Pend Oreille Counties)	1-800-827-3218 Angie	2 hour 4 hour	No cost for 2 or 4 hour classes	Offered by Northeast Tri-County Health District.
Cowlitz County	(360) 414-5599	2 hour 4 hour 7 hour	$10 for 2 hour $30 for 4 hour $45 for 7 hour	Offered by Cowlitz County Health Department
Coupeville (Island County)	(360) 678-5151	4 hour 7 hour	Call for info.	Offered by Island County Health Dept. and Whidbey General Hospital
Edmonds (Snohomish County)	(425) 640-1840	7 hour	$68 for 7 hour. Also receive one credit.	Offered by Edmonds Community College. Website: wwwbtc.edcc.edu/Enroll.htm
Everett (Snohomish County)	(425) 252-4103x12 Shirley	2 hour 4 hour 7 hour	$15 for 2 hour $20 for 4 hour $50 for 7 hour	Offered by the American Red Cross. Scholarships are available.

Grays Harbor	(360) 533-3431	4 hour	$30 for 4 hour	Offered by the American Red Cross
Grays Harbor and Pacific County	(360) 267-3404 (360) 267-3405	2 hour 4 hour 7 hour 10 hour	$25 for 2hr $35 for 4hr $55 for 7hr $85 for 10 hour	Offered by Critical Incident Stress Management (CISM). Also offer First Aid/CPR class.
Ilwaco (Pacific County)	(360) 642-2869 Lynn Roy	4 hour 7 hour	Cost varies	Offered by Ocean Beach Hospital.
Kirkland (King County)	(425) 739-8104 (425) 739-8112	7 hour	$69 for 7 hour	Offered by Lake Washington Technical College.
Mason County	(360) 352-8575	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 428-2151	4 hour 7 hour videos	$25 handling fee for tapes	Offered by Affiliated Health Services.
Mt. Vernon (Skagit County)	(360) 424-5291	2.5 hour 4 hour 7 hour	$25 for 2.5 hour $35 for 4 hour $45 for 7 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 853-7742	2.5 hour 4 hour	$25 for 2.5 hour $40 for 4 hour $60 for 7 hour	Offered by Professional Health & Safety Consultants.
Okanogan	(509) 422-7153 Corina	2 hour 4 hour 7 hour	$10 for 2 hour $20 for 4 hour $35 for 7 hour	Offered by the Okanogan Health District
Olympia (Thurston County)	(360) 352-8575	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Olympia	(360) 352-2375	4 hour	$30 for 4 hour $60 for 7 hour	Offered by United Communities AIDS Network (UCAN)
Puyallup (Pierce County)	(253) 841-3311	2 hour 4 hour 7 hour	$15 for 2 hour $40 for 4 hour $50 for 7-8 hour	Offered by H.E.L.P. (HIV/ AIDS Educational Learning Place) the C.P.R. First Aid Company).
San Juan County	(360) 378-4474	2 hour 4 hour 7 hour	No charge for Island, Skagit & San Juan Counties	Offered by the San Juan County Health & Community Services.

Snohomish and King Counties	(425) 353-9627 Linda	2 hour 4 hour 7 hour	$20 for 2 hour $30 for 4 hour $50 for 7 hour	Offered by Education Express in multiple locations—for groups and organizations.
Seattle/King Co. & South Snohomish County	(206) 784-5655 www.healthinfonetwork.org	2 hour 4 hour 7 hour	$10 for 2 hour $25 for 4 hour $40 for 7 hour	Offered by Health Information Network. They will also travel to your facility.
Seattle	800-783-2437	2.5 hour 4 hour 7 hour	$30.41 for 2.5 hr $45.44 for 4 hr $53.21 for 7 hr	Offered by Health Impact
Seattle	(206) 726-3534	2 hour 4 hour 7 hour	$21 for 2 hour $30 for 4 hour $65 for 7 hour	Offered by the Amercan Red Cross
Seattle	(206) 282-1288	7 hour	Call for info.	Teen AIDS Prevention Education training for youth service providers, offered by Youth Care.
Spokane	(509) 326-3330 x210	2 hour 4 hour	$20 for 2 hour $30 for 4 hour	Offered by the American Red Cross.
Spokane	(509) 324-1542	7 hour	$50 for 7 hour	Offered by the Spokane Regional Health District.
Spokane	(509) 928-0423	7 hour	$45 for 7 hour	Offered by Visions Community Resources
Tacoma (Pierce County)	(253) 841-3311 Barbara Miller	2 hour 4 hour 7 hour	$30 for 2 hour $40 for 4 hour $50 for 7 hour	Offered by C.P.R. Company
Tacoma (Pierce County)	(253) 474-0600	2 hour 4 hour 7 hour	$15 for 2 hour $43 for 4 hour $55 for 7 hour	Offered by the American Red Cross
Tacoma (Pierce County)	(253) 566-5020 Linda Finkas	7 hour 7 hour Independent study	$40 for 7 hour $45 for video course	Offered by Tacoma Community College
Vancouver	(360) 992-2939 Press Option One	2 hour 4 hour 7 hour	$30 for 2 hour $50 for 4 hour $60 for 7 hour	Offered by Clark College Continuing Education Program. Take home program that offers discounts for 2 or more students.
Walla Walla	(509) 527-4330	7 hour	$45 for 7 hour	Offered quarterly by Walla Walla Community College

White Salmon (Klickitat County)	(509) 493-1101	2 hour 4 hour 7 hour Also have CPR and First Aid Classes	$25 for 2 hour $30 for 4 hour $50 for 7 hour	Offered by Skyline Hospital
Yakima	(509) 457-1690	2 hour	$20	Offered by the American Red Cross.
Statewide	(206) 784-5655 Www.healthinfonet.work.org	HIV/AIDS 7-hour Video Course	$250	Offered by Health Information Network. Designed to assist health care facilities meet Washington State Licensing requirements.
Statewide	(206) 543-1047	HIV/AIDS Training Audiotape Course	$95 for 7.5 hrs	Offered by U of W School of Nursing.
Statewide	(425) 564-2012	HIV/AIDS Self Study Program $100 Refundable Deposit	$60 for 4 hour* $80 for 7 hour* *includes mailing	Offered by Bellevue Community College Continuing Education and Health Information Network.
Statewide	(206) 726-1427	8-hour Videotape Series	$399	Offered by Barksdale Media. Designed to assist health care facilities meet Washington State requirements.
Statewide	(206) 320-9822	2 hour 4 hour 7 hour	$30 for 2 hour $45 for 4 hour $65 for 7 hour	Offered by Empowerment Institute. Course may be offered at your site.
Statewide Internet Classes	1-800-346-4915 www.preventionmd.com	2 hour	$20 for 2 hour	Online course offered by Prevention MD.
Statewide Internet Classes	(707) 937-0518 www.nursingceu.com	2 hour 4 hour 7 hour	$20 for 2 hour $40 for 4 hour $70 for 7 hour	Washington State HIV/AIDS internet course offered by Wild Iris Medical Education.

HIV Prevention Counseling Training Schedule for 2003

These one-, two- and three-day courses will assist health care providers and others develop necessary skills for providing pre- and post-test counseling for HIV testing, as required by Washington State law.

These courses are not intended for the general public.

REGION	TRAINER	COURSE DATES
One (Spokane)	**Margaret Haas and Christopher Zilar** (509) 324-1542 or 1-800-456-3236 The cost varies according to length of class.	Sept. 9-10, 2003 2 day Oct. 14, 2003 1 day Dec. 9-11, 2003 3 day
Two (Yakima)	**Deborah Severtson-Coffin** (509) 454-3322 The cost of the 2 day class is $85.	Sept. 9-10, 2003 2 day Nov. 6-7, 2003 2 day
Three (Everett)	**Eric Hatzenbuchier and Kevin Henderson** (425) 339-5251 The cost of the 2 day class is $75.	Aug. 12, 2003 1 day Sept. 23-24, 2003 2 day Oct. 6-8, 2003 3 day Nov. 18, 2003 1 day
Four (Seattle)	**Robert Marks** (206) 296-4649 or email to: Diane.ferrero@metrokc.gov The cost for the 2 day class is $125. The cost for the 3 day class is $175.	Sept. 17, 2003 2 day Nov. 19-20, 2003 2 day
Five (Tacoma)	Mona Muraki (253) 798-4756 The cost for the 2 day class is $50.	Aug. 19-21, 2003 3 day Oct. 22-23, 2003 2 day Nov. 13, 2003 1 day
Six (Vancouver)	Beth McGinnis (360) 397-8111 The cost for the 2 day class is $100.	Sept. 4, 2003 1 day Oct. 9-10, 2003 2 day Nov. 5-7, 2003 3 day Dec. 12, 2003 1 day

Calendar

AUGUST 12, 2003

The Governor's Advisory Council on HIV/AIDS (GACHA) meeting will be 9:00 A.M.-3:00 P.M. at the Red Lion Hotel (formerly the WestCoast SeaTac) in the Cascade room. For further information contact, Lynn Johnigk at (360) 236-3444 or e-mail her at Lynn.Johnigk@doh.wa.gov.

AUGUST 18, 2003

The **Essential STD Exam Skills** workshop is designed for clinicians new to the STD practice setting. It is held August 18 - 19, and includes both a didactic section and a practicum training, with an opportunity to perform one full STD exam on both a male and female model patient. The fee for this course is $250. For more information please contact Ronnie Staats at the Seattle STD/HIV Prevention Training Center. To reach her by phone call: (206) 685-9848, or via e-mail at**:** rstaats@u.washington.edu.

AUGUST 20, 2003

Public Health-Seattle & King County is providing a 2-day workshop on **Motivational Interviewing: An Introduction to Helping People Change**, August 20-21. Motivational interviewing is a counseling style that is a directive, yet non-confrontational way of working with people who seem to be ambivalent about changing behaviors. This workshop will assist providers in identifying where clients are in the change process, recognizing the most effective time to give information, improving listening skills, and creating an environment that supports and encourages change toward healthier behaviors. This workshop will also offer approaches to client resistance in ways that are effective for the change process to occur. For further information please contact Diane Ferrero at (206) 296-4649 or diane.ferrero@metrokc.gov, or register online at: http://www.metrokc.gov/health/apu/resources/miclass.htm. Fees are $95.00/person and include a lunch. Agencies with 5 or more participants receive an $85.00/person fee.

AUGUST 28, 2003

The State Planning Group will meet from 9:30 A.M. to 3:30 P.M at the Holiday Inn in SeaTac. For additional information see the State News section of this newsletter or contact Brown McDonald at (360) 236-3421 or Brown.McDonald@doh.wa.gov.

SEPTEMBER 6, 2003

The **Parents, Families and Friends of Lesbians and Gays** (PFLAG), conference for Washington State will be at Bellevue Community College. The registration fee is $50 and includes meals. Call Terry Rhines for further information at: (253) 581-1354.

SEPTEMBER 18, 2003

It's not too early to register for the seventh annual **United States Conference on AIDS**, hosted September 18-21, 2003, in New Orleans, Louisiana. Conference Registration deadline is August 22, 2003. For more information, go to: www.nmac.org/conferences/usca2003/registration.htm.

OCTOBER 2, 2003

Save the Dates! **Woman Power: A Retreat For Positive Women** will be at the Feathered Pipe Ranch in Helena Montana, October 2-5. For more information contact Claudia Montagne at: (406) 431-7416. Her e-mail is: cmontagne@432last chance.com.

OCTOBER 11, 2003

AIDS Walk Weekend 2003 kicks off on October 11th. This year premiers the collaboration of AIDS Walks up and down the I-5 corridor. **Life Long AIDS Alliance, United Communities AIDS Network** (UCAN) and **Pierce County AIDS Foundation** (PCAF) will be joining walk forces in an effort to increase promotional efforts, reduce costs and share resources.

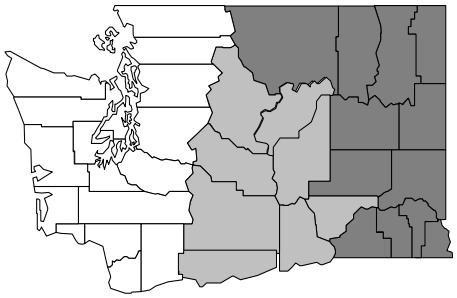
United Communities AIDS Network (UCAN) will have their 13th Annual AIDS Walk on Saturday, October 11th. They will start out from Tumwater Historical park in Thurston County. Join in to help reach UCAN's goal of 30,000 this year. For information on walking, being a team captain or volunteering, please call (360) 352-2375, or fax (360) 352-1494.

Pierce County AIDS Foundation's 12th **Annual AIDS Walk** heads out from Kandel Park in north Tacoma Saturday, October 11th, at 10:00 A.M. Join PCAF in their collaborative effort to raise funds and share resources! Contact Sarah Roemer at (253) 328-2565 for further information, or visit their website at: www.piercecountyaids.org.

OCTOBER 12, 2003

Lifelong AIDS Alliance will launch their 17th **Annual AIDS Walk** from Seattle Center's International fountain. Join them October 12th in Seattle, and send a message to the community by participating and continuing to raise awareness. To register or sponsor a walker, please visit their website at: www.lifelongaidsalliance.org.

Regions 1 & 2



Region One (dark area) includes Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla and Whitman Counties. The Region One AIDSNET Office is in Spokane and the Coordinator is Barry Hilt at (509) 324-1551.

Region Two (gray area) includes Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat and Yakima Counties. The Region Two AIDSNET office is in Yakima and the Coordinator is Wendy Doescher at (509) 249-6503.

Transitions

Yakima Health District is sorry to say good-by to Anita Vargas from the New Hope Clinic, who was stationed part time at the Yakima Health District and New Hope. She helped with Counseling and Testing and Education. Her last day will be July 4th 2003.

Announcements

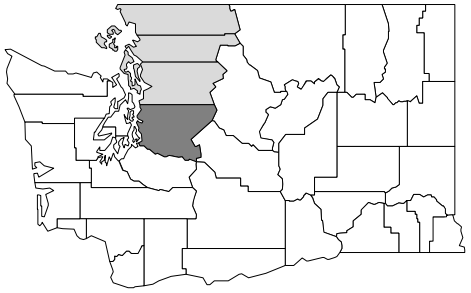
The **REACH** project is back and in full swing in Eastern Washington. The project can provide people living with HIV or AIDS with long-term and short-term rental assistance. In addition, the project may be able to help with other services such as childcare, transportation and other services. For more information please contact the person in the geographic area of your interest: Teresa Oh Happy, in Okanogan, at: (509) 422-4041. In Yakima, call Lisa Baldoz at: (509) 457-4475. In Walla Walla call, Lawrence Whittle at: (509) 529-4744. In Spokane, call Jennifer Bozarth at: (509) 326-6355 or Michael Davis at: (509) 532-1600.

The **Know Your Status** Project has offered HIV testing to over 200 individuals in Regions 1 & 2 with HIV+ individuals and those at increased health behavioral risk for HIV to reach into their socsince the program launched in March 2002. Know Your Status is a pilot project designed to work ial networks to encourage friends, as well as sex and needle-sharing partners, to become tested for HIV. The Know Your Status pilot is expected to continue through October 2003 and has reported one seropositive test result. Know Your Status has been coordinated through the Spokane Regional Health Department along with Regional partners Blue Mountain Heart to Heart (Walla Walla), POCAAN (Yakima), and New Hope Clinic (Yakima). For more information please contact Lisa St. John at: (509) 324-1547 or e-mail to: Lstjohn@Spokanecounty.org.

The **Yakima Health District** (YHD) has done 7 groups and continues to do small group sessions with men who have sex with men (MSM) farm workers in Yakima County with the help of a volunteer farm worker in the MSM farm worker community. YHD also has done two small group sessions with women who have put themselves at risk with non-identified MSM farm workers. Small group sessions in Yakima County Correctional facilities and Education in Drug treatment Centers continue to be provided. The Needle Exchange continues to see more people going into substance abuse treatment programs and more new young people attending the exchange from outside counties. The Needle Exchange continues to provide a physician twice a month to assist with wound care.

Counseling and Testing continues every Thursday 2-4 pm at the Yakima Health District for High Risk individuals. YHD does Counseling and Testing for the IDU groups for POCAAN every other Wed. for their small groups sessions.

Regions 3 & 4



Region 3 (gray area) includes Island, San Juan, Skagit, Snohomish and Whatcom Counties. The Region 3 AIDSNET office is in Everett and the Coordinator is Alex Whitehouse at (425) 339-5211.

Region 4 (dark area) is King County. The Region 4 AIDSNET office is in Seattle and the Coordinator is Karen Hartfield, who can be reached at (206) 205-8056.

Announcements

BABES Network is a peer led agency that continues to provide peer support to women to reduce isolation, promote self-empowerment and enhance the quality of life for women facing HIV. BABES offers two monthly support groups; the first is the Spanish-speaking group and the second the Moms support group. To find out more about BABES call them at (206) 720-5566 or 1- 888-292-1912.

Health Information Network (HIN) continues to offer live HIV/AIDS trainings for health care providers and childcare providers. HIN reports the video kit is in use at over 325 facilities statewide, as well as at the Pan American Health Organization's Trinidad office and the University of Missouri/St. Louis. Recent inquiries for HIV training services include China's HIV/AIDS Information Network (CHAIN), a part of the Chinese Centers for Disease Control and Zambia.

Three Public-Health Seattle & King County Pilot projects

A) Rapid HIV Testing Pilot Project

This past spring, the **OraQuick Rapid HIV-1 Antibody Test**, an HIV screening test that provides test results in as few as 20 minutes, was approved for use outside of laboratory settings. In late May, **Public Health – Seattle & King County** began piloting use of this new technology among persons at increased risk for HIV infection. The program is assessing and refining protocols for HIV rapid testing and single-session counseling in clinical and outreach settings and evaluating the utility of street-based recruitment in reaching persons at high-risk of HIV infection.

On the street, prospective clients are offered a coffee or movie rental coupon to complete a screening questionnaire. If found to have high risk for HIV infection, s/he will be offered $10 to take the OraQuick Rapid HIV-1 Antibody Test immediately. The Public Health recruiter escorts those interested in HIV testing to a nearby testing site where private, confidential testing and counseling is provided.

Trained Public Health staff perform HIV prevention counseling and the OraQuick Test for the client. These rapid-result HIV counseling and testing sessions combine the elements of a traditional HIV pre- and post-test session (anonymous or confidential registration, informed consent, prevention counseling, blood draw, and disclosure of test result) into a single, thirty to forty minute session.

The pilot will be closely evaluated to determine whether this method of service offers improved public health outcomes for the community. The evaluation results will determine whether the pilot project is continued in some form.

The OraQuick Rapid HIV-1 Antibody Test is a single-use device that detects antibodies to HIV-1 using a blood

specimen obtained from a fingerstick. In clinical studies by the manufacturer, OraQuick correctly identified 99.6% of people who were infected with HIV-1 and 100% of people who were not infected with HIV-1. These results are similar to traditional HIV screening tests done by Enzyme-linked Immunoassay (EIA). Like EIA testing, positive results with the OraQuick test are considered preliminary and require confirmatory testing using Western Blot testing. Anyone with a confirmed HIV positive test result will be offered counseling and referral for follow-up medical care. For more information, contact Mark Alstead, (206) 296-4649 or e-mail to: mark.alstead@metrokc.gov.

B) Herpes and HIV Acquisition Study

Several studies have demonstrated that **GENITAL ULCERATIVE DISEASE** (GUD) is clearly a risk factor for HIV acquisition and transmission. A person with genital herpes is at an increasd risk for HIV acquisition and transmission even during sub-clinical shedding, premonitory and unrecognized symptoms. The Herpes and HIV Acquisition study is designed to see whether suppressing Herpes in HIV negative individuals can reduce the rate of HIV acquisition.

This is a phase III, randomized, double-blind, placebo-controlled trial of Acyclovir for the reduction of HIV acquisition among high risk HSV-2 seropositive, HIV seronegative MSM in the US and Peru. The same study looking at HSV and HIV transmission in hetrosexual men/women is being conducted in other international sites.

For details please contact Damon Jameson at: (206) 521-5821 or pager (206) 991-3254. George Froehle can be reached at: (206) 521-5821 or pager (206) 994-5191

C) HIV Antiretroviral Drug Resistance Testing (ARVDRT) Pilot Surveillance Project

Seattle/King County is soon to launch a new pilot project to evaluate the feasibility of incorporating HIV drug resistance surveillance into routine public health HIV/AIDS surveillance using leftover blood from an initial positive HIV test. This project is funded by the Centers for Disease Control and Prevention (CDC) and will measure the prevalence of antiretroviral drug resistance (ARVDR) and non-B HIV-1 subtypes among individuals newly diagnosed with HIV in public health settings.

Individuals from Public Health-Seattle & King County (PHSKC) Counseling and Testing sites with a new diagnosis of HIV from the PHSKC laboratory at Harborview Medical Center will have antiretroviral drug resistance testing (ARVDRT) done at no cost to the patient. The ARVDRT test will be performed on a 1ml aliquot of leftover sera sent to the University of Washington Clinical Virology laboratory at Children's Hospital Regional Medical Center for HIV strain sub-typing and genotyping to detect the presence of genetic mutations associated with ARVDR. A subset of specimens found to have mutations of interest will go to the CDC contracted laboratory for phenotypic susceptibility for all commonly used anti-HIV drugs.

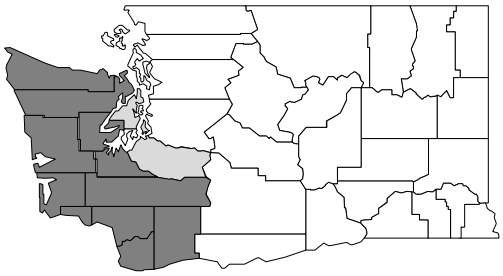
ARVDRT will be performed on all individuals consenting for routine HIV antibody EIA and/or Western Blot diagnostic testing at Public Health—Seattle & King County (PHSKC) HIV testing and care sites. While the majority (approximately 85-90%) of the project subjects are expected to be residents of King County, persons residing elsewhere but being tested for HIV in publicly funded King County sites will have ARVDT. The exceptions are individuals who have previously been reported in the HIV Surveillance system or who are known to have a history of taking anti-retroviral drugs.

Genotypic results will be returned to the clinician prescribing the routine HIV diagnostic test and stored in the person's medical record. At the client's option, results in a provider friendly format interpreting the genotype testing and subtype determinations may be sent to the individual's clinical care provider three weeks from the

initial blood draw and will be available for up to five years. The clinic administering the HIV test will oversee the release of information.

Surveillance for antiretroviral drug resistance among HIV isolates will determine the prevalence of, and trends in, transmission of resistant and variant viral genotypes. PHSKC will also determine the distribution of viral genotypes among persons newly diagnosed with HIV. This data will be useful to evaluate HIV treatment strategies. In addition, results will be useful to determine whether baseline ARVDRT should be recommended routinely for clinical purposes and to evaluate the feasibility and utility of incorporating ARVDRT into public health department's routine HIV diagnostic testing systems. For more Information or Questions please contact Betsy Klebanoff-Hills at (206) 205-4039 or by e-mail at: betsy.klebanoff-hills@metrokc.gov.

Regions 5 & 6



Region 5 (gray area) includes Kitsap and Pierce Counties. The Region 5 AIDSNET office is in Tacoma and the Coordinator is Mary Saffold at (253) 798-4791.

Region 6 (dark area) includes Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties. The Region 6 AIDSNET office is in Vancouver and the coordinator is David Heal at (360) 397-8086.

Announcements

Region 6 Prevention Planning Committee will be holding meetings on the third Wednesday of the month. The time is 10:00 A.M.-2:00 P.M., the dates are: September 17, October 15, November 19, and December 17, 2003. The meetings will be held at: the Thurston County Health Public Health and Social Services Building, 412 Lily Road NE in Olympia. For more information, please call David Heal in Clark County at (360) 397-8086 or the Region 6 office at (360) 397-8215 ext. 3183.

UCAN, (United Communities Against AIDS Network) has a new office located at 147 Rogers Street NW Olympia, WA 98502. UCAN's phone remains (360) 352-2375.

UCAN will be participating with **Pierce County AIDS Foundation** (PCAF) and **Lifelong AIDS Alliance** (LLAA) in hosting a **Western Washington AIDS WALK Weekend** - Oct. 11 and 12th. Olympia and Tacoma WALKS will be held on Oct. 11th, and Seattle's WALK will be held on Oct.12th. We are looking forward to this collaborative effort to raise awareness and funds for prevention/care services. Call UCAN at (360) 352-2375 for more information on the WALK in Olympia.

The 2nd Annual Thurston County HIV Prevention Council will meet from noon to 1:30 P.M., September 16, 2003. This meeting, funded by the Human Services Review Council, will be at the Olympia Timberland Library Community Room. For further information, please contact Heidi Larson at (360) 352-2375.

STATEWIDE

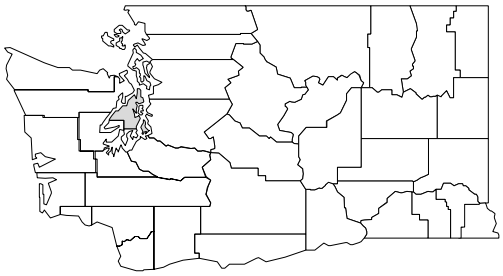
TRANSITIONS

Barbara Schuler has recently begun working for Department of Health, HIV Prevention and Education Services. Barbara comes to DOH from the Tacoma-Pierce County Health Department, where she was an HIV Counselor and Tester as well as a state trainer for the CDC HIV Prevention Counseling course. Barbara will be developing Requests For Proposals (RFP) processes as well as assisting with HIV Clearinghouse and Hotline duties. Welcome Barbara!!!

ANNOUNCEMENTS

STATE HIV/AIDS MATERIAL REVIEW PANEL

The Washington State HIV/AIDS Material Review Panel is seeking volunteer candidates to function as panel members to review HIV/AIDS related material. As required by the CDC, any federal monies used to purchase and/or produce educational material or materials used by staff supported by CDC funds must be reviewed and approved prior to use. We need panel members of varied race and ethnicity, age, and areas of expertise as well as members who can represent the broader community. If you are interested in becoming a panel member, please contact me (Frank Hayes) at (360) 236-3486 or frank.hayes@doh.wa.gov and I will be more than happy to provide more information about the panel. Your assistance in helping the HIV Prevention and Education Services office maintain the CDC requirements will be greatly appreciated.



LAST MINUTE OPPORTUNITY!

Black Hills Pride works to strengthen the lesbian, gay, bisexual and transgender community. They are offering a 2003 Request For Proposals (RFP) process for organizations operating within Mason, Thurston, and/or Lewis Counties. They are encouraging projects in the following areas: education, advocacy and outreach; HIV/AIDS; arts and recreation; youth and family services; lesbian health; and other health and community services. Maximum grant award is $5,000. Completed original applications must be postmarked by Wednesday, August 13, 2003. For more information, please contact Kevan Gardner or Farand Gunnels at 1 (888) 575-7717, or e-mail them at: kevan@pridefoundation.org or farand@pridefoundation.org.

TWO NEW VIDEOS-FREE IN WASHINGTON STATE!!

Announcing two new videos for clinicians, produced in collaboration with Northwest and Pacific AIDS Education and Training Centers:

#1) HIV Resistance Testing: A Case-Based Overview for Clinical Practice presented by three expert HIV clinicians; this program provides an overview of HIV genotyping and phenotyping, discusses clinical applications, and answers basic questions care providers may have. Doctors David Spach, Christopher Behrens, and Robert Herrington explore several cases in depth in a round table discussion that provides real-life examples of the complexities, and in some cases controversies, involved in using resistance testing in the clinical setting. 30 minutes.

Free in WA, OR, MT, ID, AK, CA, NV, AZ, HI. $75.00 plus $5 shipping elsewhere. Available July 15, 2003 on VHS or DVD. Pre-orders accepted now. Order at: www.HealthCommunication.org.

#2) Pregnant and Positive: Issues in Clinical Care and Support Pregnant and Positive explores clinical care for HIV-infected women before, during and after pregnancy through interviews with three medical experts and an HIV-positive pregnant woman, modeled clinical encounters, and an epidemiological overview. The film provides guidance and recommendations for primary care providers, including those who manage OB/GYN care but are not experienced in treating HIV-infected pregnant women. 30 minutes.

Free in WA, OR, MT, ID, AK, CA, NV, AZ, HI. $75.00 plus $5 shipping elsewhere. Available now on VHS or DVD. Order at: www.HealthCommunication.org.

KIM FIELD TO BE ON NPR

Drs. Lee Richman, Masa Narita and Robin Evans-Agnew will join **Kim Field**, DOH, Washington State TB Program Manager, in a one-hour presentation on Tuberculosis. The program will be hosted by Steve Scher from Seattle's National Public Radio station KUOW. The website for KUOW can be found at: http://www.kuow.org.

COMMUNITY PLANNING NEWS

The State Planning Group (SPG) will meet August 28, 2003 from 9:30 A.M. to 3:30 P.M at the Holiday Inn in SeaTac.

All **State Planning Group** meetings are open public meetings and are usually located near the airport in SeaTac. For additional information on community planning or the SPG, please contact Brown McDonald by phone at: (360) 236-3421, or e-mail to: Brown.Mcdonald@doh.wa.gov, or Harla Eichenberger at: (360) 236-3424.

The **AIDSNET Regions** continue to coordinate the local planning process through meetings of the Regional Planning Groups (RPGs). This process absolutely requires input and participation from members of the community infected and affected by this epidemic. Are you willing to become one of the voices that support effective prevention efforts? If so, please contact your local Regional Coordinator or DOH contact in the list below, for more information.

Barry Hilt
Region 1 AIDSNET (Spokane) – (509) 324-1551

Wendy Doescher
Region 2 AIDSNET (Yakima) – (509) 249-6503

Alex Whitehouse
Region 3 AIDSNET (Everett) – (425) 339-5211

Karen Hartfield
Region 4 AIDSNET (Seattle) – (206) 296-4649

Mary Saffold
Region 5 AIDSNET (Tacoma) – (253) 798-4791

David Heal
Region 6 AIDSNET (Vancouver) – (360) 397-8086

Brown McDonald
State Planning Group (SPG) – (360) 236-3421

HIV Prevention

Interventions that Work

By Frank E. Hayes; DOH, HIV Prevention and Education Services

The Centers for Disease Control and Prevention (CDC) has released their new initiative. Important information on the initiative is in the article, "*Advancing HIV Prevention: New Strategies for a Challenging Epidemic – United States 2003*", CDC, MMWR 2003; Volume 52, number 15 [329-332]. The initiative intends to reduce barriers to the diagnosis of HIV infection in the early stages and to increase medical treatment and other services. The initiative listed four key strategies the CDC felt would assist in accomplishing the goal of reducing new HIV infections in the United States from 40,000 to 20,000 per year by 2005. The full article may be viewed by visiting: http://www.cdc.gov/mmwr/htmlmm525a1htm.

The Four CDC Initiative Strategies Outlined Are:

1) **Make HIV testing a routine part of medical care**
2) **Implement new models for diagnosing HIV infections outside medical settings**
3) **Prevent new infections by working with persons diagnosed with HIV and their partners**
4) **Further decrease perinatal HIV transmission**

In the area of HIV prevention, the 3rd strategy listed should be one of the first and foremost strategies in our minds. In the past, HIV prevention interventions had been geared to prevent high-risk populations from acquiring the HIV virus and there were few interventions with HIV infected persons as the prioritized population. Interventions to reach the HIV infected population are becoming more prevalent. In the description of this strategy, the CDC noted that while many people diagnosed with HIV change their behavior, some still need ongoing prevention efforts. During 2003, in collaboration with Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and the HIV Medical Association of the Infectious Disease Society of America, CDC will publish recommendations to incorporate prevention into medical care. In addition, the CDC will provide Prevention Case Management demonstration projects and increase the emphasis on partner notification.

It once seemed as though the only HIV prevention intervention available to reach an HIV-infected person was Prevention Case Management; this is no longer true. In September 2002, there were several interventions outlined to reach HIV-infected persons at the United States Conference on AIDS Institute. Also outlined in the publication was a list of needs HIV-infected persons thought would be important in any prevention activity. This list included skills building workshops on dating, communication with partners and the disclosure of one's HIV status. Other identified needs expressed (by people living with HIV) included availability of mental health services, substance abuse services, HIV treatment education workshops and peer led support and information groups. Interventions for positives were featured in April of this year, at the Third Annual Center For AIDS Prevention Studies (CAPS) HIV Preservation Conference. Interventions outlined were: Unity Project (working with HIV-infected persons to improve their health and well being), Action Point (working with homeless HIV-infected persons providing a myriad of services), The CHANGES Project (coping effectiveness with HIV positive gay men) and Centerforce (working with inmates and their families for strengthening purposes). Information concerning these interventions may be viewed online at the CAPS website at: http://www.caps.ucsf.edu/2003InterventionVillage.html.

Intervention in the Spotlight

Intervention Type: Group Level Intervention

Risk Transmission Category: HIV Infected Persons (IDU, MSM or Heterosexual)

Behavior Placing Them at Risk: Unprotected sex

Setting: Urban setting

Study Title:

"*Effectiveness of an Intervention to Reduce HIV Transmission Risks in HIV-Positive People*", Seth C. Kalichman, PhD, et al., American Journal of Preventive Medicine: 2001;(2) 84-92.

Article Description:

This intervention was conducted in an urban area in Atlanta, GA, which had a relatively large HIV positive population. Studies had shown there are some HIV positive people who continued to practice unsafe sexual behavior, thus placing themselves and their partners at risk for HIV and other sexually transmitted infections (STIs). I am certain that you fully understand you can only get HIV from someone who is infected with the virus. Until recently, HIV prevention intervention activities were directed to and intended to reach uninfected high-risk populations. The few interventions that were addressing HIV positives were adapted from interventions for uninfected persons; the results were less than favorable. Information gathered had shown that social support and mental health counseling interventions might provide the desired results. The article provided two examples of interventions that worked: T. Coats, et al found stress management programs, conducted for MSM, reduced the number of sexual partners and J. Kelly, et al reported a reduction in sexual behavior following mental health treatments. Given the consequences of an HIV diagnosed person continuing risky behavior, designing and presenting interventions with HIV-infected people as a prioritized population was deemed urgent.

The foundation for this intervention was the Social Cognitive Theory and placed an emphasis on four areas: 1) building behavior skills; 2) enhancing self-efficacy for practicing risk reduction behavior; 3) promoting intentions to change risk behavior; and 4) developing strategies for behavior change.

A total of 230 HIV-positive men and 98 HIV-positive women were recruited from AIDS services and infectious disease clinics to participate in this intervention. The participants consisted of African American (74%), white (22%) and others (4%). Sexual orientation included gay (52%), bisexual (9%), and heterosexual (39%). Eligibility criteria to participate in the intervention consisted of two elements: living with HIV/AIDS and voluntary willingness to complete the study activities. All participants who met the criteria were informed their HIV status would be verified with a picture ID and proof of their HIV diagnosis; they also signed an informed consent as required by the Institutional Review Board. Each participant completed a baseline survey, immediate post intervention survey, and a 3 and 6-month survey following the intervention completion. Each participant also received incentives for each session attended and each survey completed. Surveys addressed demographic and health characteristics, Social Cognitive Theory constructs (self efficacy, behavioral intentions and behavioral change strategies) treatment satisfaction, sexual transmission risk and protective behaviors.

To verify the validity of the study, it was separated into two interventions. They were: (1) the intervention to reduce HIV-transmission risk and (2) the health maintenance comparison intervention. Each of the interventions consisted of five 120-minute gender specific sessions, delivered over a 2.5-week period. The Intervention to Reduce HIV–Transmission Risk consisted of skills building to change behavior. The goal of the intervention was to assist the participants in developing skills to cope with HIV related stressors and sexual risk producing situations; enhance effective decision making for self-disclosing HIV status; and facilitate the development and maintenance of safer sexual practices. The first three sessions were dedicated to building self-efficacy. Topics discussed included disclosing situations with positive and negative outcomes when disclosing your HIV status to sexual partners (strategies that did and did not work); barriers to disclosing HIV serostatus to sexual partners (several relationship types); and potential outcomes of disclosure (including violence and rejection). Scenes from popular movies were used to engage participants in 2 to 3 minute role-play scenarios. During the remaining two sessions, the participants discussed sexual transmission risk in relationships. These sessions covered relationships with both positive and negative partners, co-infection with other STIs, and maintaining safer sexual practices. Again, movie scenes were used in role-play to emphasize risk reduction, problem solving, identifying risk triggers, and barriers to practicing safer sex behavior. The Health Maintenance Comparison Intervention participants spent the same amount of time and contact with the facilitator, but were more of a social group. These participants did not receive any behavior skills components. Instead, they received updates on HIV disease, management of health problems, medication adherence, health care, health insurance and nutrition.

Let's get to the reason we conduct HIV prevention activities: We want to know the intervention will change behaviors and thus reduce the spread of HIV.

The risk reduction intervention had significant effects on self-efficacy. Participation resulted in greater self-efficacy for suggesting condoms and safer sexual behavior with new partners without a decrease in sexual satisfaction. The intervention participants also reported intentions to consider the pros and cons of disclosing HIV status to partners. Reviewing the data from the 3 and 6-month follow-up surveys, the risk reduction participants were significantly more likely to have considered the pros and cons of HIV status disclosure. Surprisingly, data collected at the 3-month follow-up revealed participants in the comparison intervention were significantly more likely to have refused unsafe sexual practices than those in the risk reduction intervention. Yet findings in the 6-month data collected showed that the risk reduction participants were more likely to refuse unsafe sexual practices. The number of partners did not differ between the interventions at the 3 or 6-month follow-up assessment. However, there were significant differences between the two interventions at the 6-month follow-up. The health maintenance group had the highest rate of unprotected intercourse and the highest total number of intercourse occasions, while the risk reduction group showed the largest percentage of intercourse where condoms were used. Participants in the risk reduction group were also significantly less likely to report non-HIV positive sexual partners in the 6-month follow-up.

The data collected and presented demonstrated that theory based behavioral intervention designed to reduce HIV sexual transmission will produce desired outcomes. The risk reduction intervention resulted in lower rates of anal and vaginal intercourse with all sexual partners. In addition, modeling behavioral outcomes on HIV transmission rates showed the risk reduction intervention resulted in lower rates of HIV transmission from HIV positive men to uninfected partners, over a 1-year period of time. "This study was motivated by the urgent need for interventions to reduce HIV-transmission risk for HIV-positive people," says Dr. Kalichman. "We conclude that behavioral interventions should be integrated into care systems for people living with HIV infection."

This intervention fits nicely with the new CDC initiative and demonstrates a desired outcome. Hopefully, I have supplied enough information for you to understand the intervention. If your prioritized population of HIV infected persons are ethnically and demographically the same, the intervention may be replicated. If there are differences, adaptation of this intervention may be necessary to meet your populations' needs. To ensure effectiveness, you **must** remember to maintain the core elements. There is only one core element to this intervention (group sessions) but there are items that need to be presented in the groups to ensure a desired outcome:

1) **Five 120 minute group sessions**
   a. **Spread over 2.5 weeks**
   b. **First three sessions devoted to skills building**
   c. **Two remaining sessions devoted to sexual transmission risk in relationships**

At the time the article was written, all correspondences were to be addressed to: Seth C. Kalichman, PhD, Center for AIDS Intervention Research (CAIR), Medical College of Wisconsin, 87 Watertown Plank Road, Milwaukee, WI 53226. E-mail to: sethk@mcw.edu. I have corresponded with Dr. Kalichman and he provided a copy of the Group Leader's Guide for this intervention. He has given me permission to copy the Group Leaders Guide and has also offered to discuss issues about implementation. If you are interested in this intervention, please let your Regional AIDSNET Coordinator know and then contact me for technical assistance. I can be contacted by telephone: (360) 236-3486 or via email at: frank.hayes@doh.wa.gov.

The STD Focus

BY BONNIE NICKLE; DOH, STD EDUCATIONAL RESOURCE COORDINATOR
STD 101 FOR OUTREACH WORKERS

STD/HIV SCREENING GUIDELINES AND REMINDERS

Public Health Seattle King County has issued simple STD/HIV screening guidelines for men who have sex with men (MSM). If you imagine you don't have any MSM in your rural county, your suburban community or your small-town clinical practice, think again. Leaving rural areas to party in Seattle is common.

The following guidelines apply to both HIV-infected and HIV-negative MSM and should be employed regardless of history of consistent use of condoms.

All men who have had sex with other men in the past year:

- HIV serology, if HIV-negative or not previously tested
- Syphilis serology
- Pharyngeal culture for *Neisseria gonorrhoeae*

Receptive anal intercourse in the past year:

- Rectal culture for Neisseria gonorrhoeae
- Rectal culture for Chlamydia trachomatis

More frequent testing is indicated for:

- MSM with anonymous or multiple partners
- MSM who use crystal methamphetamine or inhaled nitrates ("poppers")
- MSM with symptoms of STDs or HIV regardless of when previous tests were done

Also consider: Immunization against hepatitis A and B and type-specific serology for herpes simplex virus (HSV) infection.

Reminders: Dr. H. Hunter Handsfield, the Director for the STD Control Program in Seattle, warns that Washington state's fortunate avoidance of quinolone-resistant gonorrhea cannot last. Over 10% of strains in California are resistant. No quinolone should be used for treatment of gonorrhea if the infection may have been acquired in geographic areas where resistance is common. According to Dr. Handsfield, Ceftriaxone (125 mg IM) is the drug of choice when geography is of concern. This, of course, should always be followed by Azithromycin (1.0 g orally in a single dose) or doxycycline (100 mg orally twice a day for 7 days).

Your MSM clients and patients who party in large cities are in areas where syphilis rates have been increasing. More than two-thirds of MSM with syphilis in Seattle are also infected with HIV. Dr. Handsfield states that partly for that reason as many as 20% of King County syphilis cases in the past two years have presented with neurosyphilis, often with ocular complications, including acute blindness.

Selected Readings

How to Read the References

Author(s)**, Title**, Journal Name, Date or Year; Volume (Number): Pages.

Key:

* Popular Reading
** Moderate Difficulty; Some Understanding Of Medical Terms
*** Medical Background Needed
**** Technical Reading.

* **HIV Testing - United States, 2001.** MMWR. June 13, 2003;53(23):540-545. State testing rates and the need to promote voluntary HIV counseling and testing.

* **Advancing HIV Prevention: New Strategies for a Changing Epidemic - United States, 2003.** MMWR. April 18, 2003;52(15):329-332. New emphasis on testing and prevention services for positives.

** Di Clemente R.J. and Wingood G.M**. Human Immunodeficiency Virus Prevention for Adolescents: Windows of Opportunity for Optimizing Intervention Effectiveness.** Archives of Pediatric and Adolescent Medicine. 2003;157:319-320.

** Deren S., Kang S-Y., Colon H.M. and others. **Migration and HIV Risk Behaviors: Puerto Rican Drug Injectors in New York City and Puerto Rico.** American Journal of Public Health. May 3, 2003;93(5):812-816. Travel to an AIDS epicenter is related to HIV infection among drug users from low-prevalence communities and is a reminder to get the travel history of patients.

** Woods W.J. and Binson D. **Public Police Regulating Private and Public Space in Gay Bathhouses** Journal of Acquired Immune Deficiency Syndromes. April 1, 2003;32(4):417-423. Data suggest that different city policies may affect where, but not whether UAI (unprotected anal intercourse) occurs.

** Golden M.R., Hopkins S.G., Marris M. and others**. Support Among Persons Infected with HIV for Routine Health Department Contact for HIV Partner Notification.** Journal of Acquired Immune Deficiency Syndromes. February 2, 2003;32(2):196-202.

*** Kitahata M.M., Dillingham P.W., Chaiyakunapruk N. and others. **Electronic Human Immunodeficiency Virus (HIV) Clinical Reminder System Improves Adherence to Practice Guidelines among the University of Washington HIV Study Cohort.** Clinical Infectious Diseases. March 15, 2003;36(6):803-811. The system delivers revisions and reminders at the time of care.

** Johnson, B.T., Carey M.P., Marsh K.L. and others. **Interventions to Reduce Sexual Risk for the Human Immunodeficiency Virus in Adolescents, 1985-2000: A Research Synthesis.** Archives of Pediatric and Adolescent Medicine. April 2003;157:381-388. The authors conclude that intensive behavioral interventions reduce sexual HIV risk via increased skill acquisition, sexual communications, condom use and decrease the onset of sexual intercourse

or the number of sexual partners.

** Kemper C.A., Haubrich R., Frank I. and others**. Safety and Immunogenicity of Hepatitis A Vaccine in Human Immunodeficiency Virus-Infected Patients: A Double-blind, Randomized, Placebo-Controlled Trial.** Journal of Infectious Diseases. April 15, 2003;187(8):1327-1331.

*** Flamm S.L. **Chronic Hepatitis C Virus Infection.** JAMA. May 14, 2003;289(18):2413-2417.

** Goutagny N., Fatmi A., De Ledinghen V. and others. **Evidence of Viral Replication in Circulating Dendritic Cells during Hepatitis C Virus Infection.** Journal of Infectious Diseases. June 15, 2003;187:1951-1958. Explores a possible reason for poor antiviral immune response found in chronic infection.

** Diamond C, Thiede H., Perdue T. and others for the Seattle Young Men's Survey Team. **Viral Hepatitis Among Young Men Who Have Sex With Men: Prevalence of Infection, Risk Behaviors and Vaccination.** Sexually Transmitted Diseases. May 2003;30(5):425-432. HCV was less common than HBV or HAV and was associated with injection drug use.

*** Morrow C.B., Cibula D.A., and Norvik L.F. **Outbreak of Tuberculosis in a Homeless Men's Shelter.** American Journal of Preventive Medicine. May 2003;24 (Issue 4, supplement):124-127. TB control and prevention; one of a series of teaching cases developed for use in medical schools and residency programs.

*** Small P.M. and Fujiwara P.I. **Medical Progress: Management of Tuberculosis in the United States.** New England Journal of Medicine. July 19, 2001;345(3):189-200. It is suggested that this article be used with the one above to teach public health/preventive medicine.

** McElroy P.D., Southwick K.W., Fortenberry E.R. and others. **Outbreak of Tuberculosis Among Homeless Persons Coinfected with Human Immunodeficiency Virus.** Clinical Infectious Diseases. May 15, 2003;36 (10):1305-1312. The importance of contact investigation.

*** Sterling T.R., Lehmann H.P., and Frieden T.R. **Impact of DOTS Compared with DOTS-Plus on Multidrug Resistant Tuberculosis and Tuberculosis Deaths: Decision Analysis.** British Medical Journal. March 15, 2003;326:574-578.

** Fernández-Villar A., Sopeña B., Vázquez R. and others. **Isoniazid Hepatotoxicity among Drug Users: The Role of Hepatitis C.** Clinical Infectious Diseases. February 1, 2003;36:293-298.

** McNeill L., Allen M., Estrada C. and others. **Pryazinamide and Rifampin vs Isoniazid for the Treatment of Latent Tuberculosis: Improved Completion Rates But More Hepatotoxicity.** Chest. January 2003;123(1):102-106.

** Yee D., Valiquette C., Pelletier M. and others. **Incidence of Serious Side Effects from First –Line Antituberculosis Drugs among Patients Tested for Active Tuberculosis.** American Journal of Respiratory Care and Critical Care Medicine. June 1, 2003;167(11):1472-1477.

** Shin S., Guerra D., Rich M. and others. **Treatment of Multidrug-Resistant Tuberculosis during Pregnancy: A Report of 7 Cases.** Clinical Infectious Diseases. April 15, 2003;36:996-1003.

** Coste J., Cochand-Priollet B., de Cremoux P. and others. **Cross Sectional Study of Conventional Cervical Smear, Monolayer Cytology, and Human Papillomavirus DNA Testing for Cervical Cancer Screening.** British Medical Journal. April 15, 2003;326. Conventional cervical smear tests give fewer false positives and false negatives.

** Crosby R.A., DiClememte R.J., Wingood G.M. and others. **Value of Consistent Condom Use: A Study of Sexually Transmitted Disease Prevention Among African American Adolescent Females.** American Journal of Public Health. June 6, 2003; 93(6): 901-902.

*** Stone K.M., Karem K.L., Sternberg M.R. and others**. Seroprevalence of Human Papillomavirus Type 16 Infection in the United States.** Journal of Infectious Diseases. November 15, 2002;186(10):1396-1402.

** Hollblad-Fadiman and K. Goldman S.M. **American College of Preventive Medicine Practice Policy Statement: Screening for *Chlamydia Trachomatis.*** American Journal of Preventive Medicine. March 2003;24(3):287-292. Includes chart of tests.

*** Piketty C., Darragh T.M., Da Costa M. and others. **High Prevalence of Anal Human Papillomavirus Infection and Anal Cancer Precursors among HIV-Infected Persons in the Absence of Anal Intercourse.** Annals of Internal Medicine. March 18, 2003;138(6):453-454. The subjects were male heterosexual injection drug users.

*** Blanford J.M. and Gift T.L. **The Cost-Effectiveness of Single-Dose Azithromycin for Treatment of Incubating Syphilis.** Sexually Transmitted Diseases. June 2003;30(6):502-508.

*** Khaliq Y. and Zhanel G.G. **Fluroquinolone-Associated Tendinopathy: A Critical Review of the Literature.** Clinical Infectious Diseases. June 1, 2003;36(11):1404-1410. Risk includes renal disease or concurrent corticosteroid use.

** Klausner J.D and Chaw J.K. **Patient-Delivered Therapy for Chlamydia: Putting Research Into Practice.** Sexually Transmitted Diseases. June 2003;30(6):509-511.

*** Muñoz N., Bosch F.X., de Sanjosé S. and others. **Epidemiologic Classification of Human Papillomavirus Types Associated with Cervical Cancer.** New England Journal of Medicine. February 6, 2003;348(6):518-527.

** Yeh J., Hook E.W. and Goldie S.J. **A Refined Estimate of the Average Lifetime Cost of Pelvic Inflammatory Disease.** Sexually Transmitted Diseases. May 2003;30(3):369-378.

** Ellertson Ch., Webb A., Blanchard K. and others. **Modifying the Yuzpe Regimen of Emergency Contraception: A Multicenter Randomized Controlled Trial.** June 2003;101(6): 1160-1167. The authors state that norethindrone combined oral contraceptives can be substituted.

** Walsh T.L., Frezieres R.G., Peacock K. and others. **Evaluation of the Efficacy of a Nonlatex Condom: Results from a Randomized, Controlled Clinical Trial.** Perspectives on Sexual and Reproductive Health. March/April 2003;35(2):79-86.

** Cates W., Grimes D.A. and Schultz K.F. **The Public Health Impact of Legal Abortion: 30 Years Later.** American Journal of Public Health. January/February 2003;36(1):25-28.

*** Boaz K., Fiore A.E., Schrag S.J. and others. **Screening and Counseling Practices Reported by Obstetrician-Gynecologists for Patients with Hepatitis C Virus Infection.** Infectious Diseases in Obstetrics and Gynecology. 2003;11(1):39-44. Though most collect information that can be used to assess HCV risk, screening and counseling practices are not always consistent with current CDC and ACOG recommendations.

*** Gerber S., Vial Y. and Witkin S.S. **Detection of *Ureaplasma Urealyticum* in Second-Trimester Amniotic fluid by Polymerase Chain Reaction correlates with Subsequent Preterm Labor and Delivery.** Journal of Infectious Diseases. February 1, 2003;187:518-521.

** Klein J., Peña J.E., Thornton M.H.H. and others. **Understanding the Motivations, Concerns, and Desires of Human Immunodeficiency Virus-1 Discordant Couples Wishing to Have Children Through Assisted Reproduction.** Obstetrics and Gynecology. May 2003;101(5):987-994.

** **Buprenophrine: An Alternative to Methodone.** The Medical Letter. February 17, 2003;45(1150):13-15. Notes on interactions with STD and HIV medications.

** Kosten T.R and. O'Connor P.G. **Management of Drug and Alcohol Withdrawal.** New England Journal of Medicine. May 1, 2003;348(18):1786-1795. General management, assessment charts, medications, time frames.

** Prose N.S. **Some Words That Matter.** Archives of Dermatology. January 2003;139(1): 21-22. Communicating with patients, including disappointment or concern that better treatments are not available.

Other Health Resources

HIV

Quality Assurance Guidelines for Testing Using the OraQuick(r) Rapid HIV-1 Antibody Test has just been published on the HIV/AIDS Prevention website. This PDF document can be viewed at: http://www.cdc.gov/hiv/rapid_testing/materials/QA_Guidlines_OraQuick.pdf. Document appendices which discuss government regulations and provide sample forms, are available at: http://www.cdc.gov/hiv/rapid_testing/materials/QA_Guidelines_OraQuick_Appendix.pdf.

The April 1, 2003 supplement to Clinical Infectious Diseases (Volume 36) is devoted to **Integrating Nutrition Therapy into Medical Management of Human ImmunodeficiencyVirus.** Included are charts on HIV medications, food effects and dietary recommendations.

STD Prevention and Family Planning

The University of Washington has made the Seattle STD/HIV Prevention Training Center's **Practitioner's Handbook for the Management of Sexually Transmitted Diseases** available online at: www.seattlestdhivptc.org. The handbook includes photographs, algorithms and lab images. It is available in separate PDF documents for each section.

The STD and HIV Section at the Minnesota Department of Health has created a series of **translated fact sheets on STD and HIV** in the following languages: English, Spanish, Amharic, Oromo and Somali. The STD fact sheet series provides

basic information about the transmission, prevention, signs and symptoms, and treatment for **13 different STDs**: chancroid, chlamydia, genital warts, gonorrhea, hepatitis A, hepatitis B, herpes, HIV, nongonococcal urethritis, pubic lice, scabies, syphilis and vaginitis. The fact sheets can be viewed at: http://www.healthstate.mn.us/divs/dpc/aids-std/stdfacts/stdfactshome.htm.

Many women have never discussed HIV/AIDS or sexually transmitted diseases with their partners or health providers, according to the Kaiser Family Foundation/SELF magazine **National Survey of Women on their Sexual Health**, which will be published in the July issue of SELF. For the 2003 survey, 800 women ages 18 to 49, from across the United States were interviewed. According to the survey, 50% of women said that they had not discussed HIV testing with their current partner, and 60% of women said that they had not discussed testing for more common STDs with their current partner. In addition, one in six women had withheld sexual health information from a health care provider, according to the study. "Stereotypes and misconceptions" add to the lack of communication about sexual health, and women are concerned about being embarrassed or being judged if they discuss the topic, according to the release. In addition, many women are not sure how to bring up the subject of HIV and STD testing, or they believe that a health care provider or partner does not need to know information about their sexual health. If communication about STDs does occur between partners, most study participants reported being the initiator of the discussion. Copies of the report (#3341) are available at: www.kff.org.

The Center for Health Training, with funding from the Centers for Disease Control, has produced a **30-minute educational video for teens** with information about abstinence and all current methods of contraception. The information is presented by peer educators, with real life interviews of teens giving their opinions and experiences about these methods. The video is intended for use in schools, youth groups, and in-clinic education. The cost for the video is $30.00. For more details, visit: http://www.centerforhealthtraining.org/.

The **Child Trends** website, www.childtrends.org, has new reports on the time and place **teens first have sex** and whether teens are taking a more cautious attitude toward sex. For more information, please visit: http://www.teenpregnancy.org/works/default.asp.

Fourteen and Younger is a summary report on teen sexual activity, which can be found at: http://www.teenpregnancy.org/resources/reading/pdf/14summary.pdf.

Men's Health Issues

Men: Stay Healthy at Any Age – Checklist for your next checkup, a pamphlet in English and Spanish from the federal Agency for Healthcare Research and Quality, is available at the publications clearinghouse, 1-800-358-9295. The checklist includes cholesterol, blood pressure, colorectal cancer, diabetes, depression, STD/HIV and prostate cancer, plus notes on immunizations, medications, and other simple prevention tips. This material is ideal for adult and juvenile substance abuse treatment sites, jails and prisons, businesses, as well as for outreach and clinic use. Though free, the order limit is 100 copies at a time.

In the first-ever comprehensive compilation and analysis of national research findings on the **sexual and reproductive health needs of men** in the United States, The Alan Guttmacher Institute (AGI) has identified information and service gaps with serious consequences for men, women and families. "In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men" finds that from first sexual experiences to marriage to parenthood, men lack essential

information, access to important services and in many cases, even awareness that they have sexual and reproductive health needs of their own. For more information go to: http://www.agi-usa.org/us_men/index.html.

TB

The June 20, 2003 MMWR reprint of **Treatment of Tuberculosis** (the official joint statement of the American Thoracic Society, CDC, and Infectious Diseases Society of America), can be located at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm. The original report appeared in the American Journal of Respiratory and Critical Care Medicine 2003;167:603-62.

Treatment of Tuberculosis in the HIV-Infected Patient by Timothy R. Sterling, M.D., is available at the March 2003 Hopkins HIV Report page online at: http://www.aegis.org/pubs/jhopkins/2003JH20030302.html.

The Division of Tuberculosis Elimination (DTBE) of the Centers for Disease Control and Prevention (CDC) announced the release of the **Mantoux Tuberculin Skin Test Training Materials Kit.** The training kit includes a copy of the Mantoux Tuberculin Skin Test Videotape, a facilitator guide, and a calibrated millimeter ruler. Please see next page for ordering information.

The Mantoux Tuberculin Skin Test Training Materials Kit may be ordered in one of the following 3 ways:

1) Through the Division of Tuberculosis Elimination (DTBE) on-line ordering system at: http://www.cdc.gov/tb
2) By mailing or faxing the DTBE Educational and Training Materials Order Form, available at: http://www.cdc.gov/tb
3) Through the CDC Voice and Fax Information System by calling toll free at: (888) 232-3228, then selecting 2,5,1,2,2 and requesting order #00-5457.

OTHER

The Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center in New York has created a website that does just that at: http://www.mskcc.org/aboutherbs. Information on each herb and supplement — and there are more than 100 listed — includes such helpful topics as uses, warnings and interactions with drugs. The references to articles in medical/science journals and textbooks help the reader understand the evidence for or against some of the **claims made for herbs and supplements**. This is important, as regulatory authorities may not always monitor the authenticity of the claims made for some natural health products. There is also a section on the site called "News and Alerts" from the American Food and Drug Administration (FDA).

The Centers for Disease Control and Prevention's overview, "**HIPAA Privacy Rule and Public Health**." can be found on the web at http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm

WASHINGTON STATE REPORTED CASES OF CHLAMYDIA, GONORRHEA, EARLY SYPHILIS JANUARY - JUNE 2003

	Chlamydia		Gonorrhea		Early Syphilis	
	No.	(%)	No.	(%)	No.	(%)
Sex						
Male	2,133	(26.8)	840	(58.7)	54	(91.5)
Female	5,832	(73.2)	592	(41.3)	5	(8.5)
TOTAL	**7,965**	**(100)**	**1,432**	**(100)**	**59**	**(100)**
Age						
0-14	140	(1.8)	17	(1.2)	0	(0.0)
15-19	2,691	(33.8)	241	(16.8)	1	(1.7)
20-24	3,009	(37.8)	369	(25.8)	6	(10.2)
25-29	1,082	(13.6)	242	(16.9)	13	(22.0)
30-34	456	(5.7)	191	(13.3)	13	(22.0)
35-39	248	(3.1)	150	(10.5)	15	(25.4)
40+	205	(2.6)	210	(14.7)	11	(18.6)
Unknown	134	(1.7)	12	(0.8)	0	(0.0)
TOTAL	**7,965**	**(100)**	**1,432**	**(100)**	**59**	**(100)**
Ethnic/Race						
White	3,727	(46.8)	625	(43.5)	38	(64.4)
Black	984	(12.4)	343	(24.0)	4	(6.8)
Hispanic	1,186	(14.9)	118	(8.2)	10	(16.9)
Native Hawaiian/Other Pacific Islander	89	(1.1)	8	(0.6)	0	(0.0)
Asian	283	(3.6)	20	(1.4)	3	(5.1)
Native American	263	(3.3)	28	(2.0)	1	(1.7)
Multi	166	(2.1)	21	(1.5)	0	(0.0)
Other	65	(0.8)	9	(0.6)	0	(0.0)
Unknown	1,202	(15.1)	260	(18.2)	3	(5.1)
TOTAL	**7,965**	**(100)**	**1,432**	**(100)**	**59**	**(100)**
Provider Type	**Cases**	**# Prov**	**Cases**	**# Prov**	**Cases**	**# Prov**
Community Health Ctr.	242	29	74	20	4	1
Emergency Care (Not Hosp.)	159	35	79	25	0	0
Family Planning	1,508	46	79	26	0	0
Health Plan/HMO's	298	37	55	25	0	1
Hospitals	744	80	197	41	10	9
Indian Health	134	18	13	6	0	0
Jail/Correction/Detention	348	27	79	16	1	1
Migrant Health	278	22	29	9	1	1
Military	310	11	65	5	0	0
Neighborhood Health	71	14	10	9	0	0
OB/GYN	468	92	50	30	2	1
Other	1,607	429	284	154	10	8
Private Physician	178	86	37	18	7	3
Reproductive Health	695	19	59	12	3	3
STD	610	26	296	10	21	4
Student Health	315	20	26	8	0	0
TOTAL	**7,965**	**991**	**1,432**	**414**	**59**	**32**

WASHINGTON STATE REPORTED STDS BY COUNTY JANUARY - JUNE 2003
SEXUALLY TRANSMITTED DISEASE SERVICES (360) 236-3460

	CT	GC	HERPES	P & S	EL	L/LL	CONG	TOTAL
Adams	11	2	2	-	-	-	-	0
Asotin	28	1	6	-	-	-	-	0
Benton	159	6	30	-	-	1	-	1
Chelan	75	1	11	-	2	1	-	3
Clallam	68	4	15	-	-	-	-	0
Clark	443	92	20	2	1	2	-	5
Columbia	0	0	0	-	-	-	-	0
Cowlitz	97	7	7	-	-	-	-	0
Douglas	31	1	6	-	-	-	-	0
Ferry	4	0	0	-	-	-	-	0
Franklin	88	0	2	1	-	-	-	1
Garfield	0	0	0	-	-	-	-	0
Grant	99	6	10	-	-	1	-	1
Grays Harbor	63	4	5	-	-	-	-	0
Island	95	11	12	-	-	-	-	0
Jefferson	35	1	5	-	-	-	-	0
King	2,447	715	334	29	12	25	-	66
Kitsap	292	44	29	-	-	3	-	3
Kittitas	40	1	6	-	-	-	-	0
Klickitat	21	0	3	-	-	-	-	3
Lewis	70	4	7	1	1	1	-	0
Lincoln	3	0	0	-	-	-	-	0
Mason	49	10	4	-	-	-	-	0
Okanogan	64	4	7	-	-	-	-	0
Pacific	25	1	0	-	-	-	-	0
Pend Oreille	7	0	3	-	-	-	-	0
Pierce	1,334	283	100	1	2	8	-	11
San Juan	2	0	1	-	-	-	-	0
Skagit	104	10	15	-	-	3	-	3
Skamania	2	0	0	-	-	-	-	0
Snohomish	690	81	122	2	3	8	-	13
Spokane	436	52	69	-	-	2	-	2
Stevens	24	2	3	-	-	-	-	0
Thurston	273	23	45	-	-	1	-	1
Wahkiakum	1	0	1	-	-	-	-	0
Walla Walla	48	1	11	-	-	1	-	1
Whatcom	225	24	41	-	-	-	-	0
Whitman	63	3	3	-	-	-	-	0
Yakima	449	38	38	2	-	5	-	7
YEAR TO DATE	7,965	1,432	973	38	21	62	0	121
PRV YR TO DATE	7,360	1,459	938	24	11	34	1	70
% CHANGE	+8.2%	-1.9%	+3.7%	+58.3%	+90.9%	+82.4%	-100.0%	+72.9%

CT = Chlamydia Trachomatis
GC = Gonorrhea
HERPES = Initial Genital Herpes
P/S = Primary & Secondary Syphilis
EL = Early Latent Syphilis
L/LL = Late/Late Latent Syphilis
CONG = Congenital Syphilis

Monthly Tuberculosis Case Totals by County
2002-2003

	JAN		FEB		MARCH		APRIL		MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC		TOTAL	
COUNTY	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**
Adams						1																			**0**	**1**
Asotin																									**0**	**0**
Benton							1																		**1**	**0**
Chelan						1							1												**1**	**1**
Clallam		1																							**0**	**1**
Clark					1			1			1		1				1				2		4		**10**	**1**
Columbia																									**0**	**0**
Cowlitz							1												1						**2**	**0**
Douglas						1		1									1								**1**	**2**
Ferry																									**0**	**0**
Franklin					1	1					1												1		**3**	**3**
Garfield																									**0**	**0**
Grant			1						1																**2**	**2**
Grays Harbor		1					1																		**1**	**1**
Island		1																							**0**	**1**
Jefferson																									**0**	**0**
King	8	10	3	14	19	13	13	8	12		15		15		12		16		13		15		17		**158**	**71**
Kitsap	2		1												1				1				1		**6**	**1**
Kittitas																									**0**	**0**
Klickitat											1														**1**	**0**
Lewis																									**0**	**0**
Lincoln																									**0**	**0**
Mason				1		1																			**0**	**2**
Okanogan																	1								**1**	**1**
Pacific																									**0**	**0**
Pend-Oreille																									**0**	**0**
Pierce	2	1	2	1	1		1	2	1		2		2				2		2		1				**16**	**5**
San Juan													1												**1**	**0**
Skagit					1										2										**3**	**0**
Skamania																									**0**	**0**
Snohomish		3	2		2	2	1		1		2		1				2		1		1		3		**16**	**6**
Spokane			1		1	1					2						1		1		1				**7**	**1**
Stevens																									**0**	**0**
Thurston			1		1			1															1		**3**	**1**
Wahkiakum																									**0**	**0**
Walla Walla							1	1	1				1												**3**	**1**
Whatcom	1		1										2						1		1		1		**7**	**2**
Whitman									1																**1**	**0**
Yakima	1	1			1				2								3				1				**8**	**3**
State Total	**14**	**18**	**12**	**16**	**28**	**21**	**19**	**14**	**19**		**24**		**24**		**15**		**27**		**20**		**22**		**28**		**252**	**107**
YTD State Total	**14**	**18**	**26**	**34**	**54**	**55**	**73**	**69**	**92**		**116**		**140**		**155**		**182**		**202**		**224**		**252**		**252**	**107**

TABLE 1. WASHINGTON STATE HIV[1] AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, AS OF 6/30/03

	TOTAL CASES (& CASE FATALITY RATE[2]) DIAGNOSED DURING INTERVAL[3]					DEATHS OCCURRING DURING INTERVAL[4]		CASES PRESUMED LIVING DIAGNOSED DURING INTERVAL[3]		
	HIV[1]		AIDS		**HIV/ AIDS**	HIV[1]	AIDS	HIV[1]	AIDS	**HIV/ AIDS**
	No.	(%)	No.	(%)	**Total**	No.	No.	No.	No.	**Total**
1982	1	(0%)	1	(100%)	**2**	0	0	*1*	0	**1**
1983	6	(17%)	20	(100%)	**26**	0	7	*5*	0	**5**
1984	13	(0%)	79	(97%)	**92**	0	31	*13*	2	**15**
1985	73	(5%)	132	(97%)	**205**	0	81	*69*	4	**73**
1986	65	(11%)	250	(97%)	**315**	0	128	*58*	7	**65**
1987	75	(11%)	370	(96%)	**445**	2	187	*67*	16	**83**
1988	85	(9%)	497	(93%)	**582**	6	240	*77*	35	**112**
1989	125	(10%)	629	(91%)	**754**	8	311	*112*	59	**171**
1990	144	(10%)	759	(88%)	**903**	6	378	*130*	88	**218**
1991	162	(6%)	856	(85%)	**1,018**	4	477	*153*	127	**280**
1992	147	(6%)	923	(75%)	**1,070**	7	530	*138*	233	**371**
1993	135	(4%)	997	(64%)	**1,132**	12	644	*130*	356	**486**
1994	178	(3%)	893	(51%)	**1,071**	4	683	*173*	435	**608**
1995	196	(2%)	790	(33%)	**986**	4	676	*193*	531	**724**
1996	233	(1%)	713	(21%)	**946**	3	473	*230*	562	**792**
1997	238	(3%)	532	(16%)	**770**	6	220	*231*	447	**678**
1998	225	(2%)	413	(17%)	**638**	3	154	*220*	341	**561**
1999	292	(2%)	373	(16%)	**665**	4	140	*287*	313	**600**
2000	373	(1%)	450	(14%)	**823**	22	154	*369*	385	**754**
2001	337	(1%)	406	(10%)	**743**	12	128	*335*	366	**701**
2002[5]	324	(0%)	405	(5%)	**729**	7	119	*323*	385	**708**
2003 YTD[5]	103	(0%)	102	(5%)	**205**	3	40	*103*	97	**200**
TOTAL	3,530	(3%)	10,590	(55%)	**14,120**	113	5,801	*3,417*	4,789	**8,206**

1 Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

2 Case fatality rate is the proportion of HIV or AIDS patients diagnosed during interval who are known to have died at some time since diagnosis.

3 Year of diagnosis reflects the time at which HIV infection or AIDS was diagnosed by a health care provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

4 Includes deaths among HIV or AIDS patients diagnosed during that interval or any preceding interval.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

TABLE 2. WASHINGTON STATE HIV[1] AND AIDS CASES, GENDER BY AGE AT DIAGNOSIS, AS OF 6/30/03

	HIV[1]						AIDS					
	Male		*Female*		*Total*		Male		Female		Total	
	No.	*(%)*	*No.*	*(%)*	*No.*	*(%)*	No.	(%)	No.	(%)	No.	(%)
Under 13	*17*	*(0%)*	*19*	*(1%)*	*36*	*(1%)*	15	(0%)	17	(0%)	32	(0%)
13-19	*53*	*(2%)*	*39*	*(1%)*	*92*	*(3%)*	28	(0%)	11	(0%)	39	(0%)
20-29	*998*	*(28%)*	*193*	*(5%)*	*1,191*	*(34%)*	1,613	(15%)	208	(2%)	1,821	(17%)
30-39	*1,276*	*(36%)*	*165*	*(5%)*	*1,441*	*(41%)*	4,588	(43%)	351	(3%)	4,939	(47%)
40-49	*528*	*(15%)*	*86*	*(2%)*	*614*	*(17%)*	2,522	(24%)	185	(2%)	2,707	(26%)
50-59	*116*	*(3%)*	*24*	*(1%)*	*140*	*(4%)*	730	(7%)	66	(1%)	796	(8%)
60+	*13*	*(0%)*	*3*	*(0%)*	*16*	*(0%)*	227	(2%)	29	(0%)	256	(2%)
TOTAL	*3,001*	*(85%)*	*529*	*(15%)*	*3,530*	*(100%)*	9,723	(92%)	867	(8%)	10,590	(100%)

TABLE 3. WASHINGTON STATE HIV[1] CASES, RACE/ETHNICITY[2] AND EXPOSURE CATEGORY, AS OF 6/30/03

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity[4]								
White, not Hispanic	2324	(78%)	267	(52%)	13	(36%)	2604	(74%)
Black, not Hispanic	320	(11%)	159	(31%)	13	(36%)	492	(14%)
Hispanic (All Races)	221	(7%)	43	(8%)	6	(17%)	270	(8%)
Asian/Pacific Islander	3	(0%)	5	(1%)	0	(0%)	8	(0%)
Asian	56	(2%)	9	(2%)	4	(11%)	69	(2%)
Hawaiian/Pacific Islander	4	(0%)	1	(0%)	0	(0%)	5	(0%)
Native American/Alaskan	31	(1%)	21	(4%)	0	(0%)	52	(1%)
Multi-race	5	(0%)	0	(0%)	0	(0%)	5	(0%)
Unknown	20	(1%)	5	(1%)	0	(0%)	25	(1%)
Total	2984	(100%)	510	(100%)	36	(100%)	3530	(100%)
Exposure Category								
Male/male sex (MSM)	2190	(73%)	N/A	( )	0	(0%)	2190	(62%)
Injecting Drug Use (IDU)	226	(8%)	138	(27%)	0	(0%)	364	(10%)
MSM and IDU	302	(10%)	N/A	( )	0	(0%)	302	(9%)
Transfusion/Transplant	5	(0%)	8	(2%)	0	(0%)	13	(0%)
Hemophilia	11	(0%)	2	(0%)	1	(3%)	14	(0%)
Heterosexual Contact[2]	89	(3%)	253	(50%)	0	(0%)	342	(10%)
Mother at Risk for HIV	0	(0%)	0	(0%)	33	(92%)	33	(1%)
No Identified Risk[3]/Other	161	(5%)	109	(21%)	2	(6%)	272	(8%)
Total	2984	(100%)	510	(100%)	36	(100%)	3530	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
2. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.
3. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.
4. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 4. WASHINGTON STATE AIDS CASES, RACE/ETHNICITY[10] AND EXPOSURE CATEGORY, AS OF 6/30/03

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity[10]								
White, not Hispanic	7807	(80%)	496	(58%)	16	(50%)	8319	(79%)
Black, not Hispanic	902	(9%)	214	(25%)	10	(31%)	1126	(11%)
Hispanic (All Races)	669	(7%)	73	(9%)	4	(13%)	746	(7%)
Asian/Pacific Islander	34	(0%)	11	(1%)	1	(3%)	46	(0%)
Asian	100	(1%)	11	(1%)	0	(0%)	111	(1%)
Hawaiian/Pacific Islander	16	(0%)	3	(0%)	0	(0%)	19	(0%)
Native American/Alaskan	154	(2%)	39	(5%)	1	(3%)	194	(2%)
Multi-race	15	(0%)	0	(0%)	0	(0%)	15	(0%)
Unknown	11	(0%)	3	(0%)	0	(0%)	14	(0%)
Total	9708	(100%)	850	(100%)	32	(100%)	10590	(100%)
Exposure Category								
Male/male sex (MSM)	7130	(73%)	N/A	( )	0	(0%)	7130	(67%)
Injecting Drug Use (IDU)	699	(7%)	258	(30%)	0	(0%)	957	(9%)
MSM and IDU	1057	(11%)	N/A	( )	0	(0%)	1057	(10%)
Transfusion/Transplant	74	(1%)	48	(6%)	0	(0%)	122	(1%)
Hemophilia	82	(1%)	3	(0%)	4	(13%)	89	(1%)
Heterosexual Contact[6]	239	(2%)	422	(50%)	0	(0%)	661	(6%)
Mother at Risk for HIV	0	(0%)	0	(0%)	28	(88%)	28	(0%)
No Identified Risk[7]/Other	427	(4%)	119	(14%)	0	(0%)	546	(5%)
Total	9708	(100%)	850	(100%)	32	(100%)	10590	(100%)

TABLE 5. WA STATE HIV[1] AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, BY COUNTY OF RESIDENCE[2] AT DIAGNOSIS, AS OF 6/30/03

	CASES DIAGNOSED					DEATHS					PRESUMED LIVING				
	HIV[1]		AIDS		**HIV/AIDS**	*HIV[1]*		AIDS			*HIV[1]*		AIDS		**HIV/AIDS**
	No.	*(%)*	No.	(%)	**TOTAL**	*No.*	*(%)*	No.	(%)		*No.*	*(%)*	No.	(%)	**TOTAL**
	153	*(4.3%)*	589	(5.6%)	**742**	*8*	*(7.1%)*	312	(5.4%)		*145*	*(4.2%)*	277	(5.8%)	**422**
Adams Co.	*1*	*(0.0%)*	5	(0.0%)	**6**	*0*	*(0.0%)*	1	(0.0%)		*1*	*(0.0%)*	4	(0.1%)	**5**
Asotin Co.	*3*	*(0.1%)*	14	(0.1%)	**17**	*1*	*(0.9%)*	6	(0.1%)		*2*	*(0.1%)*	8	(0.2%)	**10**
Columbia Co.	*1*	*(0.0%)*	3	(0.0%)	**4**	*0*	*(0.0%)*	3	(0.1%)		*1*	*(0.0%)*	0	(0.0%)	**1**
Ferry Co.	*0*	*(0.0%)*	7	(0.1%)	**7**	*0*	*(0.0%)*	6	(0.1%)		*0*	*(0.0%)*	1	(0.0%)	**1**
Garfield Co.	*0*	*(0.0%)*	0	(0.0%)	**0**	*0*	*(0.0%)*	0	(0.0%)		*0*	*(0.0%)*	0	(0.0%)	**0**
Lincoln Co.	*0*	*(0.0%)*	4	(0.0%)	**4**	*0*	*(0.0%)*	2	(0.0%)		*0*	*(0.0%)*	2	(0.0%)	**2**
Okanogan Co.	*7*	*(0.2%)*	21	(0.2%)	**28**	*0*	*(0.0%)*	8	(0.1%)		*7*	*(0.2%)*	13	(0.3%)	**20**
Pend Oreille Co.	*1*	*(0.0%)*	8	(0.1%)	**9**	*0*	*(0.0%)*	5	(0.1%)		*1*	*(0.0%)*	3	(0.1%)	**4**
Spokane Co.	*128*	*(3.6%)*	439	(4.1%)	**567**	*6*	*(5.3%)*	241	(4.2%)		*122*	*(3.6%)*	198	(4.1%)	**320**
Stevens Co.	*3*	*(0.1%)*	21	(0.2%)	**24**	*0*	*(0.0%)*	7	(0.1%)		*3*	*(0.1%)*	14	(0.3%)	**17**
Walla Walla Co.	*7*	*(0.2%)*	57	(0.5%)	**64**	*1*	*(0.9%)*	29	(0.5%)		*6*	*(0.2%)*	28	(0.6%)	**34**
Whitman Co.	*2*	*(0.1%)*	10	(0.1%)	**12**	*0*	*(0.0%)*	4	(0.1%)		*2*	*(0.1%)*	6	(0.1%)	**8**
	111	*(3.1%)*	347	(3.3%)	**458**	*5*	*(4.4%)*	173	(3.0%)		*106*	*(3.1%)*	174	(3.6%)	**280**
Benton Co.	*21*	*(0.6%)*	77	(0.7%)	**98**	*1*	*(0.9%)*	32	(0.6%)		*20*	*(0.6%)*	45	(0.9%)	**65**
Chelan Co.	*11*	*(0.3%)*	33	(0.3%)	**44**	*0*	*(0.0%)*	20	(0.3%)		*11*	*(0.3%)*	13	(0.3%)	**24**
Douglas Co.	*2*	*(0.1%)*	2	(0.0%)	**4**	*0*	*(0.0%)*	2	(0.0%)		*2*	*(0.1%)*	0	(0.0%)	**2**
Franklin Co.	*17*	*(0.5%)*	36	(0.3%)	**53**	*0*	*(0.0%)*	12	(0.2%)		*17*	*(0.5%)*	24	(0.5%)	**41**
Grant Co.	*7*	*(0.2%)*	28	(0.3%)	**35**	*1*	*(0.9%)*	19	(0.3%)		*6*	*(0.2%)*	9	(0.2%)	**15**
Kittitas Co.	*2*	*(0.1%)*	14	(0.1%)	**16**	*0*	*(0.0%)*	9	(0.2%)		*2*	*(0.1%)*	5	(0.1%)	**7**
Klickitat Co.	*3*	*(0.1%)*	11	(0.1%)	**14**	*0*	*(0.0%)*	8	(0.1%)		*3*	*(0.1%)*	3	(0.1%)	**6**
Yakima Co.	*48*	*(1.4%)*	146	(1.4%)	**194**	*3*	*(2.7%)*	71	(1.2%)		*45*	*(1.3%)*	75	(1.6%)	**120**
	272	*(7.7%)*	835	(7.9%)	**1,107**	*10*	*(8.8%)*	433	(7.5%)		*262*	*(7.7%)*	402	(8.4%)	**664**
Island Co.	*15*	*(0.4%)*	57	(0.5%)	**72**	*1*	*(0.9%)*	34	(0.6%)		*14*	*(0.4%)*	23	(0.5%)	**37**
San Juan Co.	*6*	*(0.2%)*	18	(0.2%)	**24**	*0*	*(0.0%)*	10	(0.2%)		*6*	*(0.2%)*	8	(0.2%)	**14**
Skagit Co.	*20*	*(0.6%)*	49	(0.5%)	**69**	*1*	*(0.9%)*	27	(0.5%)		*19*	*(0.6%)*	22	(0.5%)	**41**
Snohomish Co.	*191*	*(5.4%)*	562	(5.3%)	**753**	*7*	*(6.2%)*	288	(5.0%)		*184*	*(5.4%)*	274	(5.7%)	**458**
Whatcom Co.	*40*	*(1.1%)*	149	(1.4%)	**189**	*1*	*(0.9%)*	74	(1.3%)		*39*	*(1.1%)*	75	(1.6%)	**114**
	383	*(10.8%)*	1,141	(10.8%)	**1,524**	*21*	*(18.6%)*	611	(10.5%)		*362*	*(10.6%)*	530	(11.1%)	**892**
Kitsap Co.	*65*	*(1.8%)*	188	(1.8%)	**253**	*1*	*(0.9%)*	104	(1.8%)		*64*	*(1.9%)*	84	(1.8%)	**148**
Pierce Co.	*318*	*(9.0%)*	953	(9.0%)	**1,271**	*20*	*(17.7%)*	507	(8.7%)		*298*	*(8.7%)*	446	(9.3%)	**744**
	264	*(7.5%)*	885	(8.4%)	**1,149**	*9*	*(8.0%)*	439	(7.6%)		*255*	*(7.5%)*	446	(9.3%)	**701**
Clallam Co.	*16*	*(0.5%)*	49	(0.5%)	**65**	*2*	*(1.8%)*	25	(0.4%)		*14*	*(0.4%)*	24	(0.5%)	**38**
Clark Co.	*115*	*(3.3%)*	389	(3.7%)	**504**	*1*	*(0.9%)*	195	(3.4%)		*114*	*(3.3%)*	194	(4.1%)	**308**
Cowlitz Co.	*29*	*(0.8%)*	87	(0.8%)	**116**	*1*	*(0.9%)*	48	(0.8%)		*28*	*(0.8%)*	39	(0.8%)	**67**
Grays Harbor Co.	*11*	*(0.3%)*	46	(0.4%)	**57**	*1*	*(0.9%)*	24	(0.4%)		*10*	*(0.3%)*	22	(0.5%)	**32**
Jefferson Co.	*8*	*(0.2%)*	24	(0.2%)	**32**	*2*	*(1.8%)*	14	(0.2%)		*6*	*(0.2%)*	10	(0.2%)	**16**
Lewis Co.	*8*	*(0.2%)*	39	(0.4%)	**47**	*0*	*(0.0%)*	26	(0.4%)		*8*	*(0.2%)*	13	(0.3%)	**21**
Mason Co.	*17*	*(0.5%)*	67	(0.6%)	**84**	*0*	*(0.0%)*	18	(0.3%)		*17*	*(0.5%)*	49	(1.0%)	**66**
Pacific Co.	*3*	*(0.1%)*	17	(0.2%)	**20**	*0*	*(0.0%)*	11	(0.2%)		*3*	*(0.1%)*	6	(0.1%)	**9**
Skamania Co.	*0*	*(0.0%)*	7	(0.1%)	**7**	*0*	*(0.0%)*	5	(0.1%)		*0*	*(0.0%)*	2	(0.0%)	**2**
Thurston Co.	*56*	*(1.6%)*	158	(1.5%)	**214**	*2*	*(1.8%)*	73	(1.3%)		*54*	*(1.6%)*	85	(1.8%)	**139**
Wahkiakum Co.	*1*	*(0.0%)*	2	(0.0%)	**3**	*0*	*(0.0%)*	0	(0.0%)		*1*	*(0.0%)*	2	(0.0%)	**3**
Subtotal	*1,183*	*(33.5%)*	3,797	(35.9%)	**4,980**	*53*	*(46.9%)*	1,968	(33.9%)		*1,130*	*(33.1%)*	1,829	(38.2%)	**2,959**
Region 4 (King Co.)	*2,347*	*(66.5%)*	6,793	(64.1%)	**9,140**	*60*	*(53.1%)*	3,833	(66.1%)		*2,287*	*(66.9%)*	2,960	(61.8%)	**5,247**
State Total	*3,530*	*(100%)*	10,590	(100%)	**14,120**	*113*	*(100%)*	5,801	(100%)		*3,417*	*(100%)*	4,789	(100%)	**8,206**

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
2. County of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing. .

TABLE 6. WASHINGTON STATE HIV[1] CASES, YEAR OF DIAGNOSIS[2] BY GENDER, RACE/ETHNICITY,[7] EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE[6] AT DIAGNOSIS, AS OF 6/30/03

	1982-1989		1990-1997		1998-Current[3]		Cumulative		1999		2000		2001		2002[3]		2003[3]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	406	(92%)	1200	(84%)	1395	(84%)	3001	(85%)	246	(84%)	305	(82%)	288	(85%)	274	(85%)	84	(82%)
Female	37	(8%)	233	(16%)	259	(16%)	529	(15%)	46	(16%)	68	(18%)	49	(15%)	50	(15%)	19	(18%)
Total	443	(100%)	1433	(100%)	1654	(100%)	3530	(100%)	292	(100%)	373	(100%)	337	(100%)	324	(100%)	103	(100%)
Race/Ethnicity[7]																		
White, not Hispanic	374	(84%)	1111	(78%)	1119	(68%)	2604	(74%)	211	(72%)	241	(65%)	222	(66%)	208	(64%)	70	(68%)
Black, not Hispanic	42	(9%)	170	(12%)	280	(17%)	492	(14%)	40	(14%)	69	(18%)	58	(17%)	70	(22%)	17	(17%)
Hispanic (All Races)	13	(3%)	94	(7%)	163	(10%)	270	(8%)	27	(9%)	40	(11%)	37	(11%)	30	(9%)	10	(10%)
Asian/Pacific Islander	0	(0%)	2	(0%)	6	(0%)	8	(0%)	1	(0%)	2	(1%)	2	(1%)	0	(0%)	0	(0%)
Asian	4	(1%)	24	(2%)	41	(2%)	69	(2%)	4	(1%)	10	(3%)	10	(3%)	6	(2%)	2	(2%)
Hawaiian/Pacific Islander	1	(0%)	1	(0%)	3	(0%)	5	(0%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)	1	(1%)
Native American/Alaskan	6	(1%)	22	(2%)	24	(1%)	52	(1%)	4	(1%)	6	(2%)	5	(1%)	5	(2%)	2	(2%)
Multi-race	0	(0%)	1	(0%)	4	(0%)	5	(0%)	0	(0%)	0	(0%)	0	(0%)	3	(1%)	1	(1%)
Unknown	3	(1%)	8	(1%)	14	(1%)	25	(1%)	4	(1%)	4	(1%)	3	(1%)	2	(1%)	0	(0%)
Total	443	(100%)	1433	(100%)	1654	(100%)	3530	(100%)	292	(100%)	373	(100%)	337	(100%)	324	(100%)	103	(100%)
Exposure Category																		
Male/male sex (MSM)	301	(68%)	872	(61%)	1017	(61%)	2190	(62%)	195	(67%)	206	(55%)	197	(58%)	200	(62%)	66	(64%)
Injecting Drug Use (IDU)	48	(11%)	150	(10%)	166	(10%)	364	(10%)	32	(11%)	50	(13%)	29	(9%)	34	(10%)	8	(8%)
MSM and IDU	52	(12%)	128	(9%)	122	(7%)	302	(9%)	21	(7%)	27	(7%)	25	(7%)	27	(8%)	5	(5%)
Transfusion/Transplant	3	(1%)	6	(0%)	4	(0%)	13	(0%)	1	(0%)	1	(0%)	2	(1%)	0	(0%)	0	(0%)
Hemophilia	8	(2%)	4	(0%)	2	(0%)	14	(0%)	0	(0%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)
Heterosexual Contact[4]	13	(3%)	142	(10%)	187	(11%)	342	(10%)	27	(9%)	46	(12%)	45	(13%)	39	(12%)	13	(13%)
Mother at Risk for HIV	3	(1%)	25	(2%)	5	(0%)	33	(1%)	3	(1%)	2	(1%)	0	(0%)	0	(0%)	0	(0%)
No Identified Risk[5]/Other	15	(3%)	106	(7%)	151	(9%)	272	(8%)	13	(4%)	40	(11%)	38	(11%)	24	(7%)	11	(11%)
Total	443	(100%)	1433	(100%)	1654	(100%)	3530	(100%)	292	(100%)	373	(100%)	337	(100%)	324	(100%)	103	(100%)
AIDSNET Region																		
Region 1	22	(5%)	59	(4%)	72	(4%)	153	(4%)	8	(3%)	18	(5%)	17	(5%)	16	(5%)	3	(3%)
Region 2	11	(2%)	40	(3%)	60	(4%)	111	(3%)	13	(4%)	11	(3%)	10	(3%)	16	(5%)	3	(3%)
Region 3	34	(8%)	127	(9%)	111	(7%)	272	(8%)	25	(9%)	21	(6%)	24	(7%)	20	(6%)	7	(7%)
Region 5	40	(9%)	170	(12%)	173	(10%)	383	(11%)	36	(12%)	49	(13%)	30	(9%)	35	(11%)	11	(11%)
Region 6	27	(6%)	123	(9%)	114	(7%)	264	(7%)	24	(8%)	16	(4%)	29	(9%)	24	(7%)	10	(10%)
Subtotal	134	(30%)	519	(36%)	530	(32%)	1183	(34%)	106	(36%)	115	(31%)	110	(33%)	111	(34%)	34	(33%)
Region 4 (King Co.)	309	(70%)	914	(64%)	1124	(68%)	2347	(66%)	186	(64%)	258	(69%)	227	(67%)	213	(66%)	69	(67%)
Total	443	(100%)	1433	(100%)	1654	(100%)	3530	(100%)	292	(100%)	373	(100%)	337	(100%)	324	(100%)	103	(100%)

1 This includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. It does not include those who have only been tested anonymously for HIV.

2 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

3 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

4 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

5 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

6 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

7. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 7. WASHINGTON STATE AIDS CASES, YEAR OF DIAGNOSIS[1] BY GENDER, RACE/ETHNICITY,[6] EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE[5] AT DIAGNOSIS, AS OF 6/30/03

	1982-1989		1990-1997		1998-Current[2]		Cumulative		1999		2000		2001		2002[2]		2003[2]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	1914	(97%)	5950	(92%)	1859	(87%)	9723	(92%)	323	(87%)	384	(85%)	358	(88%)	338	(83%)	87	(85%)
Female	64	(3%)	513	(8%)	290	(13%)	867	(8%)	50	(13%)	66	(15%)	48	(12%)	67	(17%)	15	(15%)
Total	1978	(100%)	6463	(100%)	2149	(100%)	10590	(100%)	373	(100%)	450	(100%)	406	(100%)	405	(100%)	102	(100%)
Race/Ethnicity[6]																		
White, not Hispanic	1734	(88%)	5137	(79%)	1448	(67%)	8319	(79%)	264	(71%)	303	(67%)	268	(66%)	261	(64%)	71	(70%)
Black, not Hispanic	131	(7%)	641	(10%)	354	(16%)	1126	(11%)	47	(13%)	84	(19%)	73	(18%)	74	(18%)	10	(10%)
Hispanic (All Races)	78	(4%)	434	(7%)	234	(11%)	746	(7%)	44	(12%)	45	(10%)	44	(11%)	43	(11%)	15	(15%)
Asian/Pacific Islander	3	(0%)	32	(0%)	11	(1%)	46	(0%)	4	(1%)	0	(0%)	3	(1%)	4	(1%)	0	(0%)
Asian	11	(1%)	69	(1%)	31	(1%)	111	(1%)	4	(1%)	3	(1%)	5	(1%)	10	(2%)	2	(2%)
Hawaiian/Pacific Islander	5	(0%)	9	(0%)	5	(0%)	19	(0%)	0	(0%)	3	(1%)	0	(0%)	2	(0%)	0	(0%)
Native American/Alaskan	16	(1%)	124	(2%)	54	(3%)	194	(2%)	8	(2%)	8	(2%)	11	(3%)	10	(2%)	4	(4%)
Multi-race	0	(0%)	13	(0%)	2	(0%)	15	(0%)	0	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)
Unknown	0	(0%)	4	(0%)	10	(0%)	14	(0%)	2	(1%)	3	(1%)	2	(0%)	1	(0%)	0	(0%)
Total	1978	(100%)	6463	(100%)	2149	(100%)	10590	(100%)	373	(100%)	450	(100%)	406	(100%)	405	(100%)	102	(100%)
Exposure Category																		
Male/male sex (MSM)	1521	(77%)	4402	(68%)	1207	(56%)	7130	(67%)	207	(55%)	257	(57%)	235	(58%)	216	(53%)	56	(55%)
Injecting Drug Use (IDU)	85	(4%)	610	(9%)	262	(12%)	957	(9%)	48	(13%)	58	(13%)	44	(11%)	44	(11%)	9	(9%)
MSM and IDU	236	(12%)	640	(10%)	181	(8%)	1057	(10%)	35	(9%)	33	(7%)	36	(9%)	36	(9%)	5	(5%)
Transfusion/Transplant	47	(2%)	66	(1%)	9	(0%)	122	(1%)	2	(1%)	3	(1%)	0	(0%)	1	(0%)	0	(0%)
Hemophilia	30	(2%)	53	(1%)	6	(0%)	89	(1%)	2	(1%)	3	(1%)	1	(0%)	0	(0%)	0	(0%)
Heterosexual Contact[3]	29	(1%)	385	(6%)	247	(11%)	661	(6%)	37	(10%)	51	(11%)	51	(13%)	62	(15%)	13	(13%)
Mother at Risk for HIV	8	(0%)	18	(0%)	2	(0%)	28	(0%)	0	(0%)	2	(0%)	0	(0%)	0	(0%)	0	(0%)
No Identified Risk[4]/Other	22	(1%)	289	(4%)	235	(11%)	546	(5%)	42	(11%)	43	(10%)	39	(10%)	46	(11%)	19	(19%)
Total	1978	(100%)	6463	(100%)	2149	(100%)	10590	(100%)	373	(100%)	450	(100%)	406	(100%)	405	(100%)	102	(100%)
AIDSNET Region																		
Region 1	80	(4%)	367	(6%)	142	(7%)	589	(6%)	33	(9%)	33	(7%)	21	(5%)	32	(8%)	6	(6%)
Region 2	49	(2%)	202	(3%)	96	(4%)	347	(3%)	14	(4%)	19	(4%)	18	(4%)	15	(4%)	9	(9%)
Region 3	113	(6%)	534	(8%)	188	(9%)	835	(8%)	33	(9%)	28	(6%)	31	(8%)	41	(10%)	13	(13%)
Region 5	173	(9%)	676	(10%)	292	(14%)	1141	(11%)	56	(15%)	72	(16%)	60	(15%)	40	(10%)	14	(14%)
Region 6	111	(6%)	568	(9%)	206	(10%)	885	(8%)	39	(10%)	34	(8%)	52	(13%)	45	(11%)	6	(6%)
Subtotal	526	(27%)	2347	(36%)	924	(43%)	3797	(36%)	175	(47%)	186	(41%)	182	(45%)	173	(43%)	48	(47%)
Region 4 (King Co.)	1452	(73%)	4116	(64%)	1225	(57%)	6793	(64%)	198	(53%)	264	(59%)	224	(55%)	232	(57%)	54	(53%)
Total	1978	(100%)	6463	(100%)	2149	(100%)	10590	(100%)	373	(100%)	450	(100%)	406	(100%)	405	(100%)	102	(100%)

1 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

2 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

3 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection

4 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

5 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

6 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

Deadline Details For *Washington State Responds* Quarterly Newsletter

The deadline for the next issue of ***Washington State Responds*** is **September 20, 2003**. The calendar start date for the issue is **November 5, 2003**. To submit information, corrections, or to be added or dropped from the mailing list, contact Teri Eyster Hintz, Washington State Department of Health, HIV Prevention and Education Services, P.O. Box 47840, Olympia, WA 98504-7840. You may also telephone her at: (360) 236-3425 or call the Washington State Hotline at **1-800-272-2437, Ext. 0** to leave a message**.** You may fax your information to (360) 236-3400, or preferably send via e-mail to: Teri.Hintz@doh.wa.gov.

We greatly appreciate news of your work or your organization!

Thank you for taking the time and effort to write, call, fax or e-mail!

DOH, HIV/AIDS Prevention and Education Services

Disclaimers and Notice of HIV/AIDS Content

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This newsletter may contain HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing syringe needles; prevention messages and programs may address these topics. If you are not seeking such information or are offended by such materials, you can be removed from this mailing list by calling (360) 236-3472.